We hypothesized that disparities exist in the types of individuals who have been studied and reported, relative to the actual cancer population. **METHODS:** Were searched MEDLINE, EMBASE/Excerpta Medica, and Current Contents from January 1, 1998-July 2004 using the MeSH subheadings "prostatic-neoplasms" and "quality of life" and the keywords, "prostate cancer" and "quality of life." Articles were selected if they met the following inclusion criteria: English language literature, original research, publication in a peer-reviewed journal. Articles were excluded for the following reasons: fewer than 10 patients studied; no HRQOL instrument used; editorial or review; developmental studies; unstructured or open-ended interviews used as primary data collection. **RESULTS:** 293 articles met inclusion and exclusion criteria. Studies originated from 23 countries; the United States producing the majority (52%) followed by Canada (8%) and the UK (7%). A total of 79,882 patients participated in these studies (average: 274 patients per study). One hundred eighty-three studies (68%) reported the mean age of the cohort; but reporting of other demographic information was modest overall. Among studies recording race, 82% of study participants were white, 6% were black and less than 1% were Hispanic white or Asian. Blacks were represented in very few studies with 2057 (41%) included in four studies. Eighty-six different types of HRQOL instruments were recorded. The most common included the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire (26%), the SF-36 (25%), and the UCLA Prostate Cancer Index (20%). **CONCLUSIONS:** Many HRQOL studies of prostate cancer patients have been published, but the data quality and reporting varies widely. Racial minorities are underrepresented relative to their proportions in most populations.

PCN45

MULTILINGUAL VALIDATION OF THE FACT-LEUKEMIA IN 7 LANGUAGES

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OBJECTIVES: To develop a leukemia-specific subscale for the Functional Assessment of Cancer Therapy (FACT) and assess the linguistic validity of Afrikaans, Arabic, Czech, Korean, Portuguese, Slovak and Spanish translations. **METHODS:** The leukemia-specific subscale was developed through item generation from literature review and interviews with clinical experts and patients in 9 countries. The FACT-Leukemia (FACT-Leu) was then translated using the standard FACIT methodology: 2 forward translations, reconciling of the 2 forwards, back-translation to English, and 3 independent bilingual reviews. The sample included 115 patients (57% male, mean age 46 years) from 8 countries: South Africa, Egypt, Czech Republic, Brazil, Korea, Slovak Republic, Spain, and US (Spanish). Patients diagnosed with leukemia completed the FACT-Leu in their native language and then offered structured input on problems with translation or content. Statistical and reliability analyses were performed, and the participant comments were analyzed qualitatively. **RESULTS:** The Leu subscale had good reliability with the combined sample (alpha = 0.88) and the Spanish sample (alpha = 0.88). There were no negative patient comments related to the FACT-Leu items in any language. In addition, all leukemia subscale items had good item-total correlations in the combined sample. Item-total correlations in the individual language samples were reviewed to identify potential translation errors. Four items were flagged with this procedure: appetite, bleeding, bruising, and worry about infections. These translations were reviewed to ensure that the translation was not the cause of the relatively low item-total correlation. One minor revision was made to the Spanish and Afrikaans versions after testing. **CONCLUSIONS:** The FACT-Leu showed good reliability and linguistic validity in the seven-language combined sample and in the Spanish sample, and good linguistic validity across the individual languages. These results contributed to a better understanding of how quality of life issues are perceived by leukemia patients in different countries and supported cross-cultural comparability of instrument scores.

PCN46

WHAT ARE THE PSYCHOSOCIAL CONSEQUENCES OF AN ABNORMAL SCREENING-MAMMOGRAPHY?

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OBJECTIVES: The EU recommends biennial breast cancer screening for women 50–69 of age. If 1000 women are biennial screened in ten years 20–30 women are diagnosed with breast cancer. The reduction of the breast cancer mortality will shift for one woman only; the other 19–29 women diagnosed with breast cancer will die or survive regardless of the screening. In five rounds of breast cancer screening more than 100 women will experience to get a false-positive screening mammography. Women recalled for further investigations after an abnormal screening mammography, which after diagnosis is confirmed to be a false-positive result, experience significant adverse psychosocial consequences. **METHODS:** A prospective longitudinal survey over one year from June 2004 included consecutively women who participated in breast cancer screening. A validated questionnaire, Consequences Of Screening on Breast Cancer (COS-BC), specifically developed for measuring psychosocial consequences of abnormal and false-positive screening mammography was used as outcome measure. Previously Rasch analyses have confirmed that COS-BC encompasses four subscales and three single items. The COS-BC was completed by women with an abnormal screening mammography and women with a normal screening mammography and the psychosocial impact in these two groups was compared. **RESULTS:** All together 453 women with an abnormal screening mammography and 845 women with a normal screening mammography completed the COS-BC. In all four dimensions and in the three single items differences were found. Women with an abnormal screening mammography had experienced more negative psychosocial consequences compared to women with a normal screening result. All differences were statistically significant with p-values were less than 0.001. **CONCLUSION:** It has severe psychosocial consequences to have an abnormal screening mammography, which ought to be taken into account when planning breast cancer screening.

PCN47

VALIDATION OF THE SPANISH VERSION OF THE UCLA PROSTATE CANCER INDEX: RELIABILITY AND VALIDITY OF A HEALTH-RELATED QUALITY OF LIFE MEASURE.

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OBJECTIVES: To evaluate the psychometric properties of the Spanish version of the UCLA Prostate Cancer Index (UCLA-PCI). **METHODS:** A longitudinal, multicenter study was performed. Feasibility was tested by analyzing missing items, and ceiling and floor effects were assessed. Internal consistency was tested using Cronbach's alpha. Patients were classified based on Gleason grading: Group A: 2–6 (least aggressive tumor); Group B: 7 (moderately aggressive); and Group C: 8–10 (most aggres-